

RFS #10-40
ATTACHMENT H
READINESS REVIEW

The Contractor must participate in the readiness review process prior to the actual enrollment of any Hoosier Healthwise and/or HIP members. As requested by the Office of Medicaid Policy and Planning (OMPP), the Contractor shall be required to submit documentation from several operational areas that demonstrates the Contractor's readiness to enroll members. Operational areas include, but are not limited to:

- Provider Network/Access
- Quality Management and Improvement
- Disease Management
- Utilization and Medical Management
- Behavioral Health
- POWER Account Systems and Administration (HIP only)
- CHIP Premium Collection (Hoosier Healthwise only)
- Member Services
- Member Website and Portal
- Provider Services
- Marketing/Education/Outreach
- Administration and Organizational Structure
- Financial Stability
- Information Systems (IS)
- Encounter Data Submission

Examples of documentation the Contractor may be required to submit during the readiness review include, but are not limited to, the following:

- Proof of Indiana Department of Insurance (IDOI) licensure
- Organizational charts, resumes, job descriptions
- Training curricula and schedules
- Geo-access maps
- Quality Management and Improvement Work Plan
- Financial statements
- Program Integrity Plan
- Member handbook
- Provider manual
- Provider directory
- Marketing, outreach and educational materials
- Policies and procedures
- Incentive programs
- Proof of NCQA Accreditation, if applicable
- IDOI approval of Indiana Check-Up Plan Buy-In Products
- Certificates of insurance
- Member invoices and reminders
- Preventive care reminders

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- Sample provider contracts

OMPP reserves the right to conduct on-site visits during the readiness review.

All of the Contractor's subcontracts in place before the Contract start date will be subject to OMPP review and approval prior to becoming effective. If there is a change in the Contractor's subcontractors for major portions of the requested services during the course of the Contract, OMPP may require another readiness review at any time.

If, for any reason, the Contractor does not pass the readiness review, the Contractor may be subject to delayed member enrollment or liquidated damages. If OMPP identifies major deficiencies during the readiness review, OMPP may delay member enrollment until the Contractor adequately addresses the deficiencies or may terminate the Contract.

The Contractor must submit to OMPP a Program Integrity Plan, as described in Section 8.4 of Attachment D, Scope of Work, within sixty (60) calendar days of the effective date of the Contract. The Contractor Reporting Manual, to be provided following the Contract award date, will include further detail regarding program integrity requirements.

The Contractor's Quality Management and Improvement Committee, in collaboration with the Contractor's Medical Director, must develop an annual Quality Management and Improvement Work Plan, as set forth in Section 8.1.2 of Attachment D, Scope of Work. The Contractor must submit its Quality Management and Improvement Work Plan to OMPP during the readiness review and annual thereafter. The Contractor shall also be prepared to periodically report on its quality management activities to OMPP.

During the readiness review, the Contractor's policies and procedures must be available for review by OMPP. OMPP will be reviewing the policies and procedures to make sure they support, at a minimum, the activities outlined in Attachment D, Scope of Work.

The Contractor's policies and procedures must support the Contractor's compliance with all reporting requirements. The Contractor shall have policies, procedures and processes in place to ensure that the financial and non-financial performance data submitted to OMPP is accurate and complete, and that it is submitted within the requested timeframes and in the formats identified by OMPP.

The Contractor shall be required to provide policies and procedures that integrate all member services activities with the Contractor's Quality Management and Improvement Work Plan. These activities include but are not limited to:

- Member helpline (physical and behavioral health)
- Member education and outreach programs (physical and behavioral health)
- Member incentives
- Preventive care reminders
- Member enrollment

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- Health screenings
- Special needs assessments
- PMP assignment
- Member materials (physical and behavioral health)
- Member grievances and appeals

The Contractor shall have policies and procedures detailing the process used to select and maintain both physical and behavioral health providers. The Contractor shall have policies that detail, at a minimum, the integration of all provider services—including network development, provider credentialing and contracting, provider communications, provider claims dispute process and provider management activities—with the Contractor's Quality Management and Improvement Work Plan.

The Contractor shall have policies and procedures to describe and support the IS back-up plans, as well as a disaster recovery plan as described in Section 9.1, Scope of Work.

The Contractor shall have policies and procedures to audit and monitor the timeliness, accuracy and completeness of encounter claim submissions. The Contractor shall have policies and procedures regarding claims submissions and processing that integrate with and support the internal Quality Management and Improvement Work Plan.

The Contractor shall have policies and procedures that allow members to change their PMPs.